

P20000001880

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000009644 3)))



H200000096443ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
NGP, CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

JAN 10 2020

T. SCOTT

FILED
2020 JAN -9 PM 12:09
RECEIVED
2020 JAN -9 PM 1:43
DIVISION OF CORPORATIONS
GENERAL & COMMERCIAL
REGISTRATION SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: NGP, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17058 SW 95 Terrace

17058 SW 95 Terrace

MIAMI, FL 33196

MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P: AITOR. DIAZ KIRSCHSTEIN

Name and Title: _____

Address 17058 SW 95 Terrace

Address: _____

MIAMI, FL 33196

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2020 JAN - 9 PM 12:39
MIAMI COUNTY CLERK'S OFFICE

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: AITOR. DIAZ KIRSCHSTEIN

Address: 17058 SW 95 Terrace

MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: AITOR. DIAZ KIRSCHSTEIN

Address: 17058 SW 95 Terrace

MIAMI, FL 33196

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/08/2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X Aitor Diaz Kirs 01/08/2020

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X Aitor Diaz Kirs 01/08/2020

Required Signature/Incorporator Date